

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36758

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City No. General Hospital

File No.
 Registered No. 874 St. 5th Ward)

2. FULL NAME

Daniel B. Shay
 (a) Residence No. Majestic Hotel St. 1st Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 8-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerical work
 (b) General nature of industry, business, or establishment in which employed (or employer) City Hall
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Daniel Shay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellin Cronin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Miss Sadie Shay
 (Address) 906 East 30 - Kansas City Missouri

15. FILED 12/227 1927 J. H. Craun REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke - Coronary
167
170
 CONTRIBUTORY (SECONDARY) (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
12/227 (Signed) Dr. J. H. Craun, M. D.
 (Address) 1177 1177

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int St Marys Cemetery DATE OF BURIAL 12-3 1927

20. UNDERTAKER John J. Sheehan and Son ADDRESS K-6 Mo